

Case Number:	CM14-0192281		
Date Assigned:	11/26/2014	Date of Injury:	03/30/2009
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; muscles relaxants; opioid therapy; and epidural steroid injection therapy. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a lumbar support while approving a TENS unit 30-day rental. The claims administrator stated that its decision was based on an RFA form received on October 29, 2014, and on a progress report dated September 26, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated March 6, 2014, the applicant reported persistent complaints of low back pain status post recent epidural steroid injection. The applicant was given refills of Soma and Norco and asked to pursue additional physical therapy. The applicant was apparently returned to regular duty work. On May 19, 2014, the applicant again reported persistent complaints of low back pain. The applicant was given prescriptions for Norco and Soma and was, once again, given prescriptions for Norco and Soma. The applicant's work status was not furnished on this occasion. On July 28, 2014, the applicant reported persistent complaints of low back pain radiating into the left lower extremity, 7/10. The applicant was status post earlier lumbar spine surgery with subsequent revision. Naproxen, Protonix, Tramadol, and Norco were endorsed, along with a 40-pound lifting limitation. It was not clearly stated whether the applicant was or was not working at this point. On August 20, 2014, the applicant reported persistent complaints of low back pain. The applicant had missed three days off of work last week owing to heightened complaints of pain. Twenty-pound lifting limitation was endorsed on this occasion while Fexmid, Protonix, Norco, Tramadol, and naproxen were endorsed. DNA testing, physical

therapy, retrospective authorization for a lumbar support, retrospective authorization for a TENS unit, Tramadol, naproxen, and Protonix were endorsed, along with a 20-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar LSO (lumbar-sacral orthosis): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptoms relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of authorization was first sought for the lumbar support, on September 26, 2014 following an industrial injury of March 30, 2009. The attending provider did not furnish any compelling rationale for provision of lumbar support which would offset the unfavorable ACOEM position on the same in the chronic pain context present here. Therefore, the request was not medically necessary.